Case 18-31632-MBK Doc 10 Filed 11/28/18 Entered 11/28/18 18:22:20 Desc Main Document Page 1 of 55

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY		
Case number (# known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check If this an amended filing

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu	e the name that is on government-issued re identification (for	Vani First name	First name
	licen	nple, your driver's se or passport). g your picture	Middle name  Pradeep	Middle name
	ident	itification to your ting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		ther names you have I in the last 8 years		
		de your married or en names.		
3.	your num Indiv	the last 4 digits of Social Security ber or federal ridual Taxpayer tification number	ххх-хх-6480	

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or ElNs.
include trade names and doing business as names	Business name(s)	Business name(s)
	EINs	EINs
Where you live		If Debtor 2 lives at a different address:
	9 Abbington Road West Windsor, NJ 08550	
	Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
	Mercer County	Overt
	·	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill in here. Note that the court will send any notices to this mailing address.
	Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
Why you are choosing this district to file for	Check one:	Check one:
bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	<ul> <li>Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> </ul>
	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Vani Pradeep

Del	otor 1 Vani Pradeep			Docu	ument Page 3 of 55	Case number (if known)
Par	t 2: Tell the Court About	Your Bar	nkruptcy (	Case		
7.	The chapter of the Bankruptcy Code you are	Check of	one. (For a	brief description o, go to the top	n of each, see <i>Notice Required by</i> of page 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.
	choosing to file under	☐ Cha	pter 7			
		☐ Cha	pter 11			
		☐ Cha	pter 12			
		■ Cha	pter 13			
8.	How you will pay the fee	al o	bout how ; rder. If you	you may pay. Ty	pically, if you are paying the fee yo	k with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with
			need to p	ay the fee in ins	stallments. If you choose this option to (Official Form 103A).	n, sign and attach the Application for Individuals to Pay
		□ In bi	request the ut is not re pplies to y	h <b>at my fee be w</b> equired to, waive rour family size a	vaived (You may request this option by your fee, and may do so only if your and you are unable to pay the fee in	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that i installments). If you choose this option, you must fill out ial Form 103B) and file it with your petition.
9.	Have you filed for	_				
J.	bankruptcy within the last 8 years?	■ No. □ Yes.				
			Distric	t	When	Case number
			Distric	t	When	Case number
			Distric	t	When	Case number
10.	Are any bankruptcy cases pending or being	■ No		·		
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
			Debtor			Relationship to you
			District	L	When	Case number, if known
	•		Debtor			Relationship to you
			District	[	When	Case number, if known
11.	Do you rent your residence?	■ No.	Go to	line 12.		
	rodiucilus ;	☐ Yes.	Has y	our landlord obt	tained an eviction judgment agains	t you?
				No. Go to line	12.	
				Yes. Fill out <i>In</i> this bankrupto	nitial Statement About an Eviction S cy petition.	ludgment Against You (Form 101A) and file it as part of

Deb	Case 18-31  otor 1 Vani Pradeep	.632-MBI	C Doc 10	Filed 1 Docume	1/28/18 nt F	8 Entero	ed 11/28/1 55 <sub>Case nui</sub>	.8 18:22:20 mber (if known)	0 Desc Ma	ain
Par	t 3: Report About Any	Businesses	You Own as a So	ole Propriet	or					
12.	Are you a sole propriet of any full- or part-time business?	or ■ No.	Go to Part 4.				* 118			
	Dualifeas r	☐ Yes.	Name and loc	ation of busi	ness					
	A sole proprietorship is a				.,,,,,					
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.	3	Name of busin	·						<del></del>
	If you have more than on sole proprietorship, use a separate sheet and attac	a .	Number, Stree	et, City, State	e & ZIP Co	ode				
	it to this petition.	•	Check the app ☐ Health			=	ess: S.C. § 101(27A	))		
			☐ Single	Asset Real I	Estate (as	defined in 11	U.S.C. § 101(5	1B))		
			☐ Stockb	roker (as de	fined in 11	1 U.S.C. § 101	1(53A))			
			☐ Comm	odity Broker	(as define	ed in 11 U.S.C	C. § 101(6))			
			☐ None o	of the above						
13.	Are you filing under Chapter 11 of the Bankruptcy Code and a you a <i>small business</i> debtor?	deadline: re operation	ofiling under Chap is. If you indicate the is, cash-flow state i.C. 1116(1)(B).	iat you are a	small bus	siness debtor,	you must attac	h your most rec	ent balance shee	t. statement of
	For a definition of small	■ No.	l am not filing t	under Chapt	er 11.					
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	l am filing unde Code.	er Chapter 1	1, but I an	n NOT a small	ll business debt	or according to	the definition in th	ne Bankruptcy
		☐ Yes.	I am filing unde	er Chapter 1	1 and I an	n a small busi	ness debtor ac	cording to the de	efinition in the Ba	nkruptcy Code.
Pari	4: Report if You Own	or Have Any	Hazardous Prop	erty or Any	Property	That Needs I	Immediate Atte	ention		
14.	Do you own or have any									
	property that poses or i alleged to pose a threat of imminent and identifiable hazard to public health or safety?	☐ Yes.	What is the hazar	rd? _					<u>.</u>	
	Or do you own any property that needs immediate attention?		If immediate atter needed, why is it							
	For example, do you own perishable goods, or livestock that must be fed or a building that needs urgent repairs?		Where is the prop	_	Number, Si	treet, City, State	e & Zio Code			
				7.4.		. ,,				

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. 

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

]	I am not required to receive a briefing about cr	edit
	counseling because of:	

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-31632-MBK Doc 10 Filed 11/28/18 Entered 11/28/18 18:22:20 Desc Main Page 6 of 55 Case number (# known) Document Debtor 1 Vani Pradeep Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17, 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16¢. Are you filing under I am not filing under Chapter 7. Go to line 18, No. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Do you estimate that ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? How many Creditors do **1**-49 **1.000-5.000 25.001-50.000** you estimate that you □ 5001-10.000 **50,001-100,000 50-99** owe? 10,001-25,000 ☐ More than 100,000 100-199 □ 200-999 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to **550,001 - \$100,000** □ \$1,000,000,001 - \$10 billion □ \$10.000.001 - \$50 million be worth? □ \$100,001 - \$500,000 □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **5**500,001 - \$1 million □ \$100,000,001 - \$500 million ☐ More than \$50 billion 20. How much do you **50 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities **\$50,001 - \$100,000** □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **1** \$100,001 - \$500,000 □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ \$500,001 - \$1 million ☐ More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Vani Pradeep Vani Pradeep Signature of Debtor 2 Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on October 31, 2018

MM / DD / YYYY

Case 18-316  Debtor 1 Vani Pradeep	32-MBK Doc 10		Entered 11/2 age 7 of 55 Cas		Desc Main
For your attorney, if you are represented by one	under Chapter 7, 11, 12, 4	or 13 of title 11, United Sta	tes Code, and have e	xplained the relief avail	about eligibility to proceed able under each chapter uired by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § schedules filed with the p	707(b)(4)(D) applies, certi	fy that I have no know	ledge after an inquiry th	nat the information in the
	/s/ George E. Veiteng		Date	October 31, 2018	
	Signature of Attorney for I	Debtor		MM / DD / YYYY	·
	George E. Veitengrub	oer, III, Esq. 15532002			
	Veitengruber Law LL	С			
	1720 Route 34				
	Suite 10				
	Wall, NJ 07727				
	Number, Street, City, State & ZIP	Code			

Emall address

Contact phone (732) 695-3303

15532002 NJ Bar number & State Gveitengruberesq@gmail.com

		Document	Pana 8 of 55		
Fill	in this information to identify your cas	e:			
Del	otor 1 Vani Pradeep First Name	Middle Name	Last Name		
	otor 2 use if, filing) First Name	Middle Name	Last Name		
Ųni	ted States Bankruptcy Court for the:	ISTRICT OF NEW JERSEY			
	se number own)				c if this is an ded filing
Su Be a	s complete and accurate as possible. rmation. Fill out all of your schedules f	If two married people are fil irst; then complete the info	ertain Statistical Information ing together, both are equally responsible to rmation on this form. If you are filing amend	or supplyir	12/15 ng correct lles after you file
	r original forms, you must fill out a new  11: Summarize Your Assets	v Summary and check the b	ox at the top or this page.		
	Communication for the control of the				ssets of what you own
1.	Schedule A/B: Property (Official Form	106A/B) Schedule A/B		\$	686,958.00
	• •			\$	2,799.00
	1c. Copy line 63, Total of all property on	Schedule A/B		\$	689,757.00
Par	t 2: Summarize Your Liabilities				
					abilities Lyou owe
2.	Schedule D: Creditors Who Have Claim 2a. Copy the total you listed in Column A		al Form 106D) tom of the last page of Part 1 of <i>Schedule D</i>	\$	792,598.31
3.	Schedule E/F: Creditors Who Have Uns 3a. Copy the total claims from Part 1 (p	ecured Claims (Official Form riority unsecured claims) from	106E/F) n line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the total claims from Part 2 (n	onpriority unsecured claims)	from line 6j of Schedule E/F	\$	3,407.00
			Your total liabilities	\$	796,005.31
Par	3: Summarize Your Income and Ex	penses			
4.	Schedule I: Your Income (Official Form Copy your combined monthly income from			\$	15,501.66
5,	Schedule J: Your Expenses (Official For Copy your monthly expenses from line 2	m 106J) 22c of <i>Schedule J</i>		\$	10,173.64
Par	4: Answer These Questions for Adi	ministrative and Statistical	Records		
6.	Are you filing for bankruptcy under C  No. You have nothing to report on		is box and submit this form to the court with yo	our other sc	hedules.
7.	■ Yes What kind of debt do you have?				
	Your debts are primarily consum household purpose." 11 U.S.C. § 1	ner debts. Consumer debts a 01(8). Fill out lines 8-9g for s	re those "incurred by an individual primarily fo atistical purposes, 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily con the court with your other schedules	sumer debts. You have noth	ing to report on this part of the form. Check th	s box and s	ubmit this form to

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Page 2 of 55er (if known) Document Debtor 1 Vani Pradeep

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 15,501.66

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clai	<b>m</b>
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in t	his information to i	lentify your	ase:			
Debtor	***************************************	radeep				
Debtor	First Name 2	9	Middle Name	Last Name		
(Spouse it		<del></del>	Middle Name	Last Name		
United:	States Bankruptcy Co	ourt for the:	DISTRICT OF NEW JERSEY			
Case ni (If known)	umber				<del>_</del>	k if this is an ded filing
•					amon	aca iiiiig
Offic	al Form 106	Sum				
		<del></del>	nd Liabilities and Co	ertain Statistical Information		12/15
Be as co informa your ori	emplete and accuration. Fill out all of ye	te as possibl our schedule ist fill out a n	e. If two married people are fil	ing together, both are equally responsible rmation on this form, If you are filing amen	or supplyir Sed schedu	ng correct les after you file
	Odiffication Four	Nooto			Your a	ssets of what you own
	hedule A/B: Proper Copy line 55, Total				\$	686,958.00
1b	Copy line 62, Total	oersonal prop	erty, from Schedule A/B		\$	2,799.00
1c.	Copy line 63, Total of	of all property	on Schedule A/B		\$	689,757.00
Part 2:	Summarize Your	Liabilities			<u> </u>	
						abilities t you owe
2. Sc. 2a.	hedule D: Creditors v Copy the total you li	<i>Vho Have Cla</i> sted in Colum	<i>ims Secured by Property</i> (Officia n A, <i>Amount of claim,</i> at the bot	al Form 106D) tom of the last page of Part 1 of <i>Schedule D</i>	\$	792,598.31
3. Sc. 3a.	hedule E/F: Creditors Copy the total claim	: <i>Who Have U</i> is from Part 1	insecured Claims (Official Form (priority unsecured claims) from	106E/F) line 6e of <i>Schedule E/F</i>	\$	0.00
3b.	Copy the total claim	is from Part 2	(nonpriority unsecured claims) f	rom line 6j of Schedule E/F	\$	3,407.00
				Your total liabilities	\$ \$	796,005.31
Part 3:	Summarize Your	ncome and I	Expenses			
	nedule I: Your Income by your combined mo				\$	15,501.66
	nedule J: Your Expen by your monthly expe			·····	\$	10,173.64
Part 4:	Answer These Qu	estions for A	dministrative and Statistical F	Records		
6. <b>A</b> re			Chapters 7, 11, or 13? n this part of the form. Check th	is box and submit this form to the court with yo	our other sch	nedules.
<b>■</b> 7. <b>W</b> h	Yes at kind of debt do y	ou have?				
	Your debts are pri	marily consu ." 11 U.S.C. §	ımer debts. Consumer debts ar 101(8). Fill out lines 8-9g for st	e those "incurred by an individual primarily for atistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are no the court with your	t primarily co	onsumer debts. You have nothi	ng to report on this part of the form. Check the	's box and su	ubmit this form to

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Debtor 1 Vani Pradeep

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

15,501.66

\$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clai	m same series
9a. Domestic support obligations (Copy line 6a.)	\$	0.00_
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
<ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)</li> </ol>	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Fill in this informat	3-31632-N		Dogg 12 of FF	1/28/18 18:22:20	Desc Main
	lon to laenthy	your case and the	nis ming:		
	Vani Pradee				
Debtor 2	First Name	Middi	e Name Last Name		
	First Name	Middl	e Name Last Name		
Jnited States Bankr	uptcy Court for	r the: DISTRICT	OF NEW JERSEY		
Case number	-				☐ Check if this is a
		·			amended filing
Official Form	n 106A/E	3			
Schedule	A/B: P	roperty			12/15
iink it fits best.  Be as	s complete and ace is needed,	accurate as possibl	an asset only once. If an asset fits in more than o le. If two married people are filing together, both a heet to this form. On the top of any additional pag	re equally responsible for s	upplying correct
Part 1: Describe Eac	h Residence, B	uilding, Land, or Ot	ther Real Estate You Own or Have an Interest in		
Do you own or have	any legal or ec	juitable interest in a	any residence, building, land, or similar property?		
☐ No. Go to Part 2.					
Yes. Where is the	property?				
9 Abbington Street address, if ava		cription	What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured of the amount of any secure Creditors Who Have Clai	aims or exemptions. Put ad claims on Schedule D; ims Secured by Property.
			☐ Manufactured or mobile home		
West Windso	r NJ	08550-0000	☐ Land	Current value of the entire property?	Current value of the portion you own?
City	State	ZIP Code	☐ Investment property	\$686,958.00	\$686,958.0
			☐ Timeshare		vour ownership interest
			Other	_ (such as fee simple, ter	your ownership interest nancy by the entireties, o
			Who has an interest in the property? Check one	a life estate), if known.	
Mercer			■ Debtor 1 only □ Debtor 2 only	r	
County			☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only		
			At least one of the debtors and another	Check if this is con	nmunity property
County			Other information you wish to add about this it	` ,	
county			property identification number:		
County			property identification number:		

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

	Case	18-3163	32-MBK Do	c 10 Filed 11/2	28/18 Entere	ed 11/28/1	8 18:22:20	Desc Main
Deb	tor 1 Va	ıni Pradeep	)	Document	Page 13 of	55 <sub>case numb</sub>	oer (if known)	
3. <b>C</b>	ars, vans, i	trucks, tract	ors, sport utility ve	hicles, motorcycles				
11	No			•				
	Yes							
201	Maka	Chrysler		140 b		Dox	not deduct secured a	laims or exemptions. Put
3.1	Make:	Town and	Country	_	the property? Check one	the a	amount of any secur	ed claims on Schedule D:
	Model: Year:	1998	Country	■ Debtor 1 only □ Debtor 2 only		Cred	ditors Who Have Cla	ims Secured by Property.
		ate mileage:	252000	☐ Debtor 2 only ☐ Debtor 1 and Debtor	2 only		rent value of the re property?	Current value of the portion you own?
	Other info			At least one of the de		0.11.1	io property :	portion you own?
	İ			Check if this is com	munity property		\$49.00	\$49.00
				(see Instructions)				
<i>Ex</i> □ □	amples: Bo  No  Yes  dd the doll	ats, trailers, r	notors, personal wa	nd other recreational ve stercraft, fishing vessels, in for all of your entries that number here	snowmobiles, motorc	cycle accessori	es s for	\$49.00
.p	ages you n	ave attacne	d for Part 2. write t	that number here			=>	φ45.00
Part	B Doscribe	Your Pareon	al and Household Ite	ame				
E.		- ',		, china, kitchenware				portion you own? Do not deduct secured claims or exemptions.
		ſ	Misc (1700)		<del>-</del> 1	<del></del>	_	\$1,700.00
		-					<del>i</del>	
<i>E.</i>	ectronics xamples: Te in No Yes. Desc	cluding cell p	hones, cameras, m	eo, stereo, and digital equedia players, games	uipment; computers, p	printers, scann	ers; music collect	ions; electronic devices
		L	Misc (550)			<del></del> .		\$550.00
E:		ntiques and fi her collectior	gurines; paintings, p s, memorabilia, col	prints, or other artwork; b	ooks, pictures, or oth	ner art objects;	stamp, coin, or ba	seball card collections;
E	kamples: Sp	usical instrun	aphic, exercise, and	d other hobby equipmen	t; bicycles, pool tables	s, golf clubs, sl	kis; canoes and ka	ayaks; carpentry tools;
u	100. Desc	11DC						
E	<b>irearms</b> E <i>xamples:</i> F No	Pistols, rifles,	shotguns, ammuniti	on, and related equipme	ent			

	Case 18-31	632-MBK			./28/18	Entered	11/28/18 18	3:22:20	Desc Main
Debtor :	Vani Prade	ер		Document	t Page	e 14 of 55	- Case number (if	known)	
□ Y€	es. Describe								
	mples: Everyday	othes, furs, lea	ather coats, des	signer wear, si	hoes, access	ories			
		Misc (250)	<u> </u>	en.					\$250.00
□ No	<i>mples:</i> Everyday j	ewelry, costume	e jewelry, engaç	gement rings,	wedding ring	ıs, heirloom je	welry, watches, ξ	gems, gold, s	lver
		Misc (250)	<b>I</b>						\$250.00
Exa ■ No □ Ye 14. Any ■ No	s. Describe other personal a	nd household i	items you did	not already li	ist, includinç	g any health a	aids you did not	list	
for Part 4:	d the dollar value Part 3. Write that Describe Your Fina own or have any	t number here . ncial Assets					you have attach		\$2,750.00  Current value of the cortion you own? Do not deduct secured claims or exemptions.
■ No	nples: Money you					and on hand v	when you file you	ir petition	·
	osits of money mples: Checking, s institutions.	savings, or othe . If you have mu	r financial acco Iltiple accounts	unts; certifica with the same	ites of deposi e institution, l	t; shares in cre ist each.	edit unions, brok	erage houses	s, and other similar
	S			Instituti	ion name:				
Exai ■ No	<b>ls, mutual funds,</b> nples: Bond funds	, investment ac		-	money mark	et accounts			
19. <b>Non-</b> joint ■ No	publicly traded s venture	tock and intere	ests in incorpo	orated and un	nincorporate	d businesses	s, including an i	nterest in ar	ı LLC, partnership, and
	s. Give specific in	formation about Name of					% of ownership	:	
Nege Non- ■ No	rnment and corp tiable instruments negotiable instrun s. Give specific info	s include person nents are those	nal checks, cash you cannot tran	hiers' checks,	, promissory r	notes, and mo	ney orders.		
	106A/D			Cabadula A	/D. Dana a d				

Case 18-31632-MBK Doc 10 Filed 11/28/18 Entered 11/28/18 18:22	:20 Desc Main
Debtor 1 Vani Pradeep Document Page 16 of 55 <sub>case number (if known)</sub>	
32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to recommend as died.	ceive property because
■ No □ Yes. Give specific information	
<ul> <li>33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue</li> <li>No</li> </ul>	
☐ Yes. Describe each claim	
34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights t ■ No	o set off claims
☐ Yes. Describe each claim	
35. Any financial assets you did not already list  ■ No	
☐ Yes. Give specific information	
36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	\$0.00
Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.	
37. Do you own or have any legal or equitable interest in any business-related property?	
■ No. Go to Part 6.	
Yes. Go to line 38.	
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  If you own or have an interest in farmland, list it in Part 1.	
46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ■ No. Go to Part 7.	
☐ Yes. Go to line 47.	
Part 7: Describe All Property You Own or Have an Interest In That You Did Not List Above	
53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership	
■ No □ Yes. Give specific information	
54. Add the dollar value of all of your entries from Part 7. Write that number here	\$0.00

Page 17 of 55<sub>Case number (if known)</sub> Document Debtor 1 Vani Pradeep Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ..... \$686,958.00 56. Part 2: Total vehicles, line 5 \$49.00 57. Part 3: Total personal and household items, line 15 \$2,750.00 Part 4: Total financial assets, line 36 \$0.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00

\$2,799.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

62. Total personal property. Add lines 56 through 61...

\$689,757.00

\$2,799.00

Cas	se 18-31632-MBK D	oc 10 Filed 11/	28/18 Entered 11/28/18	18:22:20 Desc Main
Fill in this in	formation to identify your case	Document e:	Dago 19 of 55	
Debtor 1	Vani Pradeep	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court for the: DI	STRICT OF NEW JERSE	Y	
Case number (if known)				☐ Check if this is an amended filing
	orm 106C	4 W 01		
<u>Schea</u>	ule C: The Prop	erty You Cla	um as Exempt	4/16
the property yoneeded, fill ou case number ( For each item specific dolla	ou listed on Schedule A/B: Prope t and attach to this page as many if known). I of property you claim as exen r amount as exempt. Alternativ	erty (Official Form 106A/B) y copies of <i>Part 2: Addition</i> npt, you must specify the yely, you may claim the f	as your source, list the property that y nal Page as necessary. On the top of a e amount of the exemption you clair full fair market value of the property	e for supplying correct information. Using ou claim as exempt. If more space is ny additional pages, write your name and note that a doing so is to state a being exempted up to the amount of n benefits, and tax-exempt retirement
funds—may t exemption to	e uniimited in dollar amount. I	However, if you claim an	exemption of 100% of fair market va	alue under a law that limits the untrement your exemption would be limited
Part 1: Ide	ntify the Property You Claim a	s Exempt		
1. Which se	t of exemptions are you claimi	ng? Check one only, eve	n if your spouse is filing with you.	
☐ You ar	e claiming state and federal nont	pankruptcy exemptions.	11 U.S.C. § 522(b)(3)	
■ You are	e claiming federal exemptions.	11 U.S.C. § 522(b)(2)		
2. For any p	roperty you list on Schedule A	VB that you claim as exc	empt, fill in the information below.	
	ription of the property and line on 4/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	

\$686,958.00

\$49.00

\$1,700.00

\$550.00

\$250.00

9 Abbington Road West Windsor, NJ

1998 Chrysler Town and Country

08550 Mercer County

252000 miles

Misc (1700)

Misc (550)

Misc (250)

Line from Schedule A/B: 1.1

Line from Schedule A/B: 3.1

Line from Schedule A/B: 6.1

Line from Schedule A/B: 7.1

Line from Schedule A/B: 11.1

11 U.S.C. § 522(d)(1)

11 U.S.C. § 522(d)(2)

11 U.S.C. § 522(d)(3)

11 U.S.C. § 522(d)(3)

11 U.S.C. § 522(d)(3)

\$0.00

\$49.00

\$1,700.00

\$550.00

\$250.00

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

Debtor 1		Document		Page 19 of 55	
	of description of the property and line on edule A/B that lists this property	Current value of the portion you own	Specific laws that allow exemption		
		Copy the value from Schedule A/B			
	sc (250) e from <i>Schedule A/B</i> : 12.1	\$250.00	\$250.00 \$250.00  \[ \begin{array}{cccccccccccccccccccccccccccccccccccc		11 U.S.C. § 522(d)(4)
	s nom conocaro / Est				
	you claiming a homestead exemption				<del>_</del>
(Su	bject to adjustment on 4/01/19 and every	3 years after that for ca	ıses fi	led on or after the date of adjustme	int.)
	No				
	Yes. Did you acquire the property cove	red by the exemption wi	thin 1	,215 days before you filed this case	∍?
	□ No			•	
	□ Yes				

Case 18	-2T025-MDV	DOC 10 _ Filed 11/26		erea 11/59/19	18.22.20 DE	SCIVIAIII
Fill in this informat	ion to identify you	r case:	-Dago 20	Of EE		
Debtor 1	Vani Pradeep					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
**	untou Count for those					
United States Bankr	uptcy Court for the:	DISTRICT OF NEW JERSEY				
Case number (if known)						k if this is an ided filing
Official Form 1	106D					
		Who Have Claims	Secured	by Propert	v	12/15
Be as complete and ac	curate as possible. I	f two married people are filing togeth ut, number the entries, and attach it	er, both are egu	ally responsible for su	upplying correct inform	ation If more space
1. Do any creditors hav	-	• • • •				
□ No. Check thi	s box and submit th	is form to the court with your other	schedules. Yo	u have nothing else t	o report on this form.	
Yes. Fill in all	of the information b	pelow.				
Part 1: List All S	ecured Claims					
		nore than one secured claim, list the cre a particular claim, list the other creditors		Column A  Amount of claim	Column B  Value of collateral	Column C
much as possible, list th		al order according to the creditor's nam		Do not deduct the value of collateral.	that supports this claim	Unsecured portion if any
2.1 Loancare Creditor's Name		Describe the property that secures t		\$792,598.31	\$686,958.00	\$105,640.31
Creditor's Name		9 Abbington Road West Win NJ 08550 Mercer County	dsor,			
P.O. Box 806	! <b>o</b>	As of the date you file, the claim is:	Check all that			
Virginia Bea	_	appiy. □ Contingent				
Number, Street, City		☐ Unliquidated				
		☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as r car loan)	mortgage or secu	ıred		
☐ Debtor 2 only ☐ Debtor 1 and Debtor	r 2 only	☐ Statutory lien (such as tax lien, med	chanicle lian)			
At least one of the d	-	☐ Judgment Ilen from a lawsuit	aranic s ilen)			
$\square$ Check if this claim		Other (including a right to offset)	Mortgage			
community debt		, , ,				
Date debt was incurre	d	Last 4 digits of account numb	ber <u>8616</u>		•	
Add the dollar value	of your entries in Co	lumn A on this page. Write that numl	ber here:	\$792,59	8.31	
If this is the last pag Write that number he		he dolfar value totals from all pages.		\$792,59	8.31	
		a Debt That You Already Listed				
trying to collect from y	ou for a debt you ow my of the debts that	notified about your bankruptcy for a re to someone else, list the creditor in you listed in Part 1, list the additional i, page.	n Part 1, and the	on list the collection ac	sency here. Similarly life	you have more
Name, Number.	Street, City, State & Z	p Code	O	line in Dad 4 25 1	atandha a a du a a a a	
	eisberg & Conwa	•	On which	ı iine in Part 1 did you er	nter the creditor? 2.1	
216 Haddon Suite 201		-	Last 4 dig	gits of account number_		

Westmont, NJ 08108

Page 21 of 55 Document Debtor 1 Vani Pradeep Case number (if known) First Name Middle Name Last Name Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.1 **Mercer County Sheriff's Office** 175 South Broad Street Last 4 digits of account number \_\_\_ P.O. Box 8068 Trenton, NJ 08650 Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.1 One West Bank N.A. 75 North Fair Oaks Avenue Last 4 digits of account number \_\_\_

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Pasadena, CA 91103

Case 18-31632-MBK Doc 10 Filed 11/28/18 Entered 11/28/18 18:22:20 Desc Main Fill in this information to identify your case: Debtor 1 Vani Pradeep First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name DISTRICT OF NEW JERSEY United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim **Priority** Nonpriority amount amount 2.1 Internal Revenue Service Last 4 digits of account number Unknown \$0.00 \$0.00 Priority Creditor's Name When was the debt incurred? P.O. Box 7346 Philadelphia, PA 19101 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated

■ No

☐ Yes

Other, Specify

Case 18-31632-MBK Doc 1 Debtor 1 Vani Pradeep	LO Filed 11/28/18 Entered 11/28/18 18:22:20 Document Page 22 នៅ កូរីគ្រ <sub>ber (if known)</sub>	Desc Main
van Fraueeρ	- Case Hambel (Irknown)	
2.2 NJ Division of Taxation	Last 4 digits of account number Unknown	\$0.00 \$0.00
Priority Creditor's Name Bankruptcy Section P.O. Box 245	When was the debt incurred?	
Trenton, NJ 08695  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	☐ Contingent	
Debtor 1 only	☐ Unliquidated	
Debtor 2 only	☐ Disputed	
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:	
☐ At least one of the debtors and another	☐ Domestic support obligations	
_	_	
☐ Check if this claim is for a community debt  Is the claim subject to offset?	■ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated	
No		
☐ Yes	☐ Other. Specify	
unsecured claim, list the creditor separately for each claim.	alphabetical order of the creditor who holds each claim. If a creditor has more the alm. For each claim listed, identify what type of claim it is. Do not list claims already it creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the	ncluded in Part 1. If more
4.1 A-1 Collection Service	Last 4 digits of account number 7673	
Nonpriority Creditor's Name 2297 Highway 22 #906	When was the debt incurred?	\$410.00
Hamilton Square, NJ 08690  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset? ■	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Medical	_

Debtor 1 Vani Pradeep  Document Page 24 of 55 ber (if known)  4.2 A-1 Collection Service Nonpriority Creditor's Name 2297 Highway 22 #906  Nonpriority Creditor's Name 4.2 When was the debt incurred?	\$50.00
Nonpriority Creditor's Name  2297 Highway 22 When was the debt incurred?	\$50.00
2297 Highway 22 When was the debt incurred?	****
11444	
Hamilton Square, NJ 08690  Number Street City State Zip Code  Who incurred the debt? Check one.  As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only □ Contingent	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another  Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community ☐ Student loans	
debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify Medical	
4.3 Discover Financial SVC LLC Last 4 digits of account number 0243	\$2,540.00
Nonpriority Creditor's Name P.O. Box 15316 When was the debt incurred? Wilmington, DE 19850	
Number Street City State ZIp Code  As of the date you file, the claim is: Check all that apply  Who Incurred the debt? Check one.	
■ Debtor 1 only □ Contingent	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another  Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community ☐ Student loans	
debt    Obligations arising out of a separation agreement or divorce that you did not report as priority claims    Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other, Specify	
4.4 Paul Michael Marketing Last 4 digits of account number 2531  Nonpriority Creditor's Name	\$84.00
159-16 Union Turnpike When was the debt incurred? Suite 302	
Flushing, NY 11366  Number Street City State Zlp Code  As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one.	
■ Debtor 1 only □ Contingent	
□ Debtor 2 only □ Unliquidated	
□ Debtor 1 and Debtor 2 only □ Disputed	
☐ At least one of the debtors and another  Type of NONPRIORITY unsecured claim:	
☐ Check If this claim is for a community ☐ Student loans	
debt	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify Medical	

Debtor	Case 1	L8-31632-MBK		Filed 11/28 Document	/18 Er Page 2	ntere	d 11/28/18 18:22:20 55 dmber (if known)	Desc Main
4.5		hael Marketing		Last 4 digits of acco	-	6740		\$84.00
	159-16 U Suite 30	Creditor's Name Inion Turnpike 2 3, NY 11366		When was the debt i	Incurred?			
•	Number Str	eet City State Zlp Code red the debt? Check one.		As of the date you fi	le, the claim	is: Chec	k all that apply	
	_			П				
	■ Debtor 2	•		Contingent				
	_	z only I and Debtor 2 only		☐ Unliquidated ☐ Disputed				
		one of the debtors and an	other	Type of NONPRIORI	TY unsecure	d claim:		
	_	f this claim is for a com		☐ Student loans				
	debt	subject to offset?		☐ Obligations arising report as priority claim		ration a	greement or divorce that you did not	
	■ No			☐ Debts to pension of	or profit-sharir	g plans,	and other similar debts	
	Yes			Other. Specify	<b>ledical</b>			_
4.6	Dout Min	haal Markatina		Lant 4 digits of page		7704		
4.0	Nonpriority	heal Marketing Creditor's Name		Last 4 digits of acco		7781		\$239.00
	Suite 302	nion Turnpike 2 <sub>1</sub> , NY 11366		When was the debt i	ncurred?			_
-	Number Str	eet City State Zlp Code ed the debt? Check one.		As of the date you fil				
	■ Debtor 1		☐ Contingent					
	☐ Debtor 2	•	☐ Unliquidated					
		and Debtor 2 only	☐ Disputed					
		one of the debtors and an	other	Type of NONPRIORIT	TY unsecure	d claim:		
		this claim is for a com	☐ Student loans					
	debt Is the claim	subject to offset?		☐ Obligations arising report as priority claim		ration aç	greement or divorce that you did not	
	No.			Debts to pension of				
	☐ Yes			Other. Specify N	ledical			
Part 3: 5. Use thi	is page only	ners to Be Notified Ab	notified about	your bankruptcy, for	a debt that v	ou alrea	ady listed in Parts 1 or 2. For exam	ple, if a collection agency
have n	nore than or	from you for a debt you ne creditor for any of the obts in Parts 1 or 2, do no	debts that you	listed in Parts 1 or 2,	al creditor in list the addi	Parts 1 tional c	or 2, then list the collection agend reditors here. If you do not have ac	y here. Similarly, If you Iditional persons to be
Part 4:	Add the	Amounts for Each T	ype of Unsecu	ured Claim				
S. Total to type of	he amounts f unsecured	of certain types of unse claim.	ecured claims. T	his information is for	r statistical re	eporting	purposes only. 28 U.S.C. §159. Ad	ld the amounts for each
							Total Claim	
	otal ims	ia. Domestic support o	obligations			6a.	\$0.00	<u>)</u>
from Pa	3	b. Taxes and certain o	other debts you	owe the government		6b.	\$ 0.00	)
se encire				while you were into		6c.	\$ 0.00	
18 M		id. Other. Add all other	priority unsecure	d claims. Write that an	nount here.	6d.	\$0.00	<u> </u> 
		Be. Total Priority. Add li	ines 6a through 6	3d.		6e.	\$ 0.00	<u> </u>
	otal	Sf. Student loans				6f.	Total Claim  \$ 0.00	<u></u>
from Pa	lms int 2 (	g. Obligations arising	out of a separa	tion agreement or div	vorce that			
100	e de la companya de	you did not report a	s priority claim			6g. 6h.	\$0.00	<u> </u>

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6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. Total Nonpriority. Add lines 6f through 6i.

6j. \$ 3,407.00

Entered 11/28/18 18:22:20 Case 18-31632-MBK Doc 10 Filed 11/28/18 Desc Main Fill in this information to identify your case: Debtor 1 Vani Pradeep Middie Name Last Name Debtor 2 (Spouse If, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Case number (if known) ☐ Check if this is an amended filing Official Form 106G Schedule G: Executory Contracts and Unexpired Leases 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form, ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B). List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. Person or company with whom you have the contract or lease State what the contract or lease is for Name, Number, Street, City, State and ZIP Code 2.1 Name Number Street City ZIP Code State 2.2 Name Number Street City State ZIP Code 2.3 Name Number Street City State ZIP Code Name Number Street Clty State ZIP Code

Name

Number

City

Street

2.5

ZIP Code

State

Case 18-31632-MBK Doc 10 Filed 11/28/18 Entered 11/28/18 18:22:20 Desc Main Fill in this information to identify your case: Debtor 1 Vani Pradeep First Name Middle Name Last Name Debtor 2 First Name (Spouse if, filing) Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Case number (if known) ☐ Check if this is an amended filing Official Form 106H **Schedule H: Your Codebtors** 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. □ No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Name, Number, Street, City, State and ZIP Code Check all schedules that apply: 3.1 Pradeep Kumar Schedule D, line 2.1 9 Abbington Road

West Windsor, NJ 08550

☐ Schedule E/F, line

☐ Schedule G \_\_\_ Loancare

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	· (1 · · · · · · · · · · · · · · · · · ·								
	in this information to identify your btor 1 Vani Prade								
Del	btor 2 puse, if filing)				_				
	ited States Bankruptcy Court for t	he: DISTRICT OF NEW J	ERSEY						
Cas	se number nown)					Check if this is:  An amende  A supplement	nt showir	ng postpetition of	chapter
Ο.	fficial Form 106I					MM / DD/ Y		onowing date.	
_	chedule I: Your In	come				WINT DDI T			12/15
spo atta	plying correct information. If you are separated and you have separated and you have separated to this formation.  The separate sheet to this formation. If you have separate sheet to this formation. If you have separated and you have separated as the separated	our spouse is not filing w n. On the top of any additi	ith you, do not inclu	de infori	matio	n about your spo	use. If m	iore space is n	eeded,
1.	Fill in your employment information.		Debtor 1	1		Debtor 2	or non-t	filing spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed  ■ Not employed			■ Emplo	•		
	employers.	Occupation				Compu	ter Cons	sultant	
	Include part-time, seasonal, or self-employed work.	Employer's name				Sairam	Consul	ting LLC	
	Occupation may include studen or homemaker, if it applies.	t Employer's address			- 11p - 24 - 21	9 Abbir West W		ne NJ 08550	
		How long employed t	here?						
Par	rt 2: Give Details About M	onthly Income							
	imate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to re	eport for	any li	ne, write \$0 in the	space. Ir	nclude your non-	-filing
	ou or your non-filing spouse have e space, attach a separate sheet		ombine the information	n for all e	emplo	yers for that perso	n on the	lines below. If y	ou need
						For Debtor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$	0.00	\$	0.00	
3.	Estimate and list monthly over	rtime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	0.00	\$	0.00	

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Deb	tor 1	Vani Pradeep	=	Case number (if known)								
					For (	Debtor 1		*****	or Debtor		N	
	Cop	y line 4 here	4.		\$		0.00	\$	B	0	.00	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	(	0.00	5	6	0	.00	
	5b.	Mandatory contributions for retirement plans	5b.		\$		0.00	9	ъ		.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$		0.00	5	5		.00	
	5d.	Required repayments of retirement fund loans	5d.		\$		0.00	\$	ş		.00	
	5e.	Insurance	5e.		\$	(	0.00	\$	3	0	.00	
	5f.	Domestic support obligations	5f.		\$	(	0.00	\$	5	0	.00	
	5g.	Union dues	5g.		\$		0.00	9	B	0	.00	
	5h.	Other deductions. Specify:	_ 5h	,+	\$	(	0.00	+ 5	§	0	.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	(	0.00	5	<b>5</b>	0	.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	(	0.00	5	<b>5</b>	0	.00	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$		0.00	Ş	§ 15	,501	-66	
	8b.	Interest and dividends	8b.		\$		0.00				.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$		0.00		<b>-</b>		.00	
	8d.	Unemployment compensation	8d		\$		0.00				.00	
	8e.	Social Security	8e.	•	\$		0.00	5	\$	0	.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	8f.		\$ 		0.00		£		.00	
	8g.		8g. 8h.		<b>\$</b> —		0.00		р Б		.00	
	8h.	Other monthly income. Specify:	011		Φ	'	0.00	т.	P	U	.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	\$	(	0.00	;	§ <u>1</u>	5,50	1.66	
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		0.00	+ 8	,	15,501.66	= \$	. 44	5,501.66
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		٠		0.00			13,301.00	1   *		,501.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe			,			in Schedul	э <i>J</i> . +\$		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The res e that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certai</i> ies								\$	1	5,501.66
											nbine	
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?							mo	nthly	income
	Ē	Yes. Explain:										

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Fill	in this informati	on to identify yo	ur case:								
Deb	otor 1	Vani Pradee	)			Ch	eck if this is:				
							An amended filing				
	otor 2 ouse, if filing)						A supplement show 13 expenses as of	ving postpetition chapter the following date:			
Linii	tad States Bankru	ntay Court for the	ופדפות	CT OF NEW JERSEY			MM / DD / YYYY				
Unii	ied States Dankiu	ploy Court for the.	DIGITAL	OT OF NEW SEROET			WINT DD / T 1 T T				
	se number nown)			. N. 10.000 m. I							
0	fficial For	m 106J									
S	chedule	J: Your I	Exper	ises				12/15			
info	ormation. If mo		eded, atta	If two married people ar ch another sheet to this n.							
Par		be Your House	hold					- 70			
1.	ls this a joint										
	■ No. Go to I		n 2 canar	ata hausahald?							
	☐ Yes. Does Debtor 2 live in a separate household? ☐ No										
	_ `		t file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of De	btor 2.				
2.	Do vou have	dependents?	□ No								
	Do not list Del Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor	· 2	Dependent's age	Does dependent live with you?			
	Do not state th	he			THE SET OF THE STATE OF THE STA	ungani ng makayan matayang mar	PRINTED TO THE PER PRINTED AND THE PER PRINTED	☐ No			
	dependents n	ames.			Son		18	Yes			
					Son		20	□ No ■			
					3011			■ Yes □ No			
					Daughter		23	■ Yes			
								□No			
^	_		_					☐ Yes			
3.	Do your expe	enses include people other th	nan	No							
	yourself and	your depender	nts? ☐	Yes							
		te Your Ongoir									
exp	imate your exp enses as of a o blicable date.	penses as of you date after the b	our bankru eankruptc	uptcy filing date unless y y is filed. If this is a supp	ou are using this followers to the second se	orm as a s J, check	supplement in a Cha the box at the top o	pter 13 case to report f the form and fill in the			
Incl	lude expenses	paid for with n	on-cash	government assistance i	f you know	140					
	value of such ficial Form 106		d have inc	luded it on Schedule I: Y	our Income	71 (71)	Your exp	anses			
(OI	ilciai i Oilli 100	1.,									
4.		home owners! I any rent for the		ses for your residence. I r lot.	nclude first mortgage	4.	\$	3,978.64			
	If not include	d in line 4:									
	4a. Real es	tate taxes				4a.	\$	0.00			
		y, homeowner's				<b>4</b> b.	\$	0.00			
		naintenance, re <sub>l</sub> wner's associati		pkeep expenses		4c.	\$	150.00			
5.				oominium dues our residence, such as ho	me equity loans	4d. 5.	\$ \$	0.00			

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Debtor 1	Vani Pradeep	Case num	ber (if known)	
S. Utili	ties:			
6a.	Electricity, heat, natural gas	6а.	\$	350.00
6b.	Water, sewer, garbage collection	6b.	· ———	150.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	500.00
6d.	Other, Specify:	6d.	*	0.00
	d and housekeeping supplies	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\$	
	dcare and children's education costs	8.	\$	1,150.00
			·	0.00
	hing, laundry, and dry cleaning	9.	\$	175.00
	onal care products and services	10.	\$	100.00
	ical and dental expenses	1 <b>1</b> .	\$	500.00
	sportation. Include gas, maintenance, bus or train fare.	12.	¢	470.00
	ot include car payments.		·	
	rtainment, clubs, recreation, newspapers, magazines, and books	13.		300.00
	ritable contributions and religious donations	14.	\$	0.00
5. <b>[nsu</b>				
	ot include insurance deducted from your pay or included in lines 4 or 20.	45.	•	
	Life insurance	15a.	· ·	0.00
	Health insurance	15b.	·	700.00
	Vehicle insurance	15c.	·	200.00
	Other insurance, Specify:	15d.	\$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.		<del></del>	
Spec	sify:	16.	\$	0.00
	allment or lease payments:			
17a.	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other, Specify:	17c.	\$	0.00
	Other, Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as		·	0.00
dedi	icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spec		19.	*	
	er real property expenses not included in lines 4 or 5 of this form or on Sche		our Income	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	•	0.00
	Property, homeowner's, or renter's insurance	20c.	· ·	0.00
	Maintenance, repair, and upkeep expenses	20d.	•	
				0.00
	Homeowner's association or condominium dues	20e.	·	0.00
	r: Specify: Student Loan	21.	+\$	800.00
	Care		+\$	200.00
Self	Employed Education Classes		+\$	450.00
Cala	ulata valve manthly avenue	5.7 1144		
	ulate your monthly expenses		<b>*</b>	40.450
	Add lines 4 through 21.		\$	10,173.64
220.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c,	Add line 22a and 22b. The result is your monthly expenses.		\$	10,173.64
	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		15,501.66
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	10,173.64
				P = reft in the
23c.	Subtract your monthly expenses from your monthly income.		•	E 000 00
	The result is your monthly net income.	23c.	\$	5,328.02
4 Doy	ou expect an increase or decrease in your expenses within the year after yo	u file this	s form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because modification to the terms of your mortgage?				
■ N				
ΠY	es. Explain here:			

### Case 18-31632-MBK Doc 10 Filed 11/28/18 Entered 11/28/18 18:22:20 Desc Main Document Page 33 of 55

Debtor 1	
First Name   Middle Name   Last Name   Middle Name   Mid	
pouse if, filing) First Name Middle Name Last Name  nited States Bankruptcy Court for the: DISTRICT OF NEW JERSEY  ase number	
ase number	
### Check if this amended filing form 106Dec  #### Ceclaration About an Individual Debtor's Schedules  ###################################	
Check if this amended filing filing form 106Dec  eclaration About an Individual Debtor's Schedules  we married people are filing together, both are equally responsible for supplying correct information.  unust file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property aining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for are, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer Declaration, and Signature (Official International Confederation).	
### Indepth of perjury, I declare that I have read the summary and schedules filed with this declaration amended film    Indepth of perjury, I declare that I have read the summary and schedules filed with this declaration and incomedian amended film    Indepth of perjury, I declare that I have read the summary and schedules filed with this declaration and incomedian amended film    Indepth of perjury, I declare that I have read the summary and schedules filed with this declaration and incomedian amended film    Indepth of perjury, I declare that I have read the summary and schedules filed with this declaration and incomedian amended film    Indepth of perjury, I declare that I have read the summary and schedules filed with this declaration and incomedian amended film    Indepth of perjury, I declare that I have read the summary and schedules filed with this declaration and incomedian amended film    Indepth of perjury, I declare that I have read the summary and schedules filed with this declaration and Indepth of perjury in the content of t	
### declaration About an Individual Debtor's Schedules    Coloration About an Individual Debtor's Schedules	
wo married people are filing together, both are equally responsible for supplying correct information.  It must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing propalining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for irrs, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer Declaration, and Signature (Official formation).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and	3
eclaration About an Individual Debtor's Schedules  or married people are filing together, both are equally responsible for supplying correct information.  It must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing propaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for rs, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer Declaration, and Signature (Official formation).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and	
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Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer Declaration, and Signature (Official International Control of Preparer Declaration).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and	
■ No  Yes. Name of person  Attach Bankruptcy Petition Preparer Declaration, and Signature (Official I	
Yes. Name of person  Attach Bankruptcy Petition Preparer Declaration, and Signature (Official I	
Declaration, and Signature (Official I	
Declaration, and Signature (Official I	
	₃ Notice
	s <i>Notice</i> , orm 119
·	s <i>Notice</i> , orm 119
X /s/ Vani Pradeep X	s <i>Notic</i> e, orm 119
Vani Pradeep Signature of Debtor 2	s <i>Notic</i> e, orm 119
Signature of Debtor 1	s <i>Notice</i> , orm 119
Date October 31, 2018 Date	s <i>Notice</i> , orm 119

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Fill in	this informa	tion to identify yo	ur case:			
Debtor	r 1	Vani Pradeep	Malla Nava			
Debtor	r 2	First Name	Middle Name	Last Name		
(Spouse	if, filing)	First Name	Middle Name	Last Name		
United	States Bank	ruptcy Court for the	DISTRICT OF NEW JERSE	Y		
Case r	number					
(if known	n)					heck if this is an
<u> </u>					aı	mended filing
Offic	ial Forn	n 107				
			Affairs for Individu	rale Filing for P	ankruntov	*14.4
						4/16
informa	ation. If mor	e space is needed	sible. If two married people are I, attach a separate sheet to th	ining together, both are is form. On the top of an	equally responsible for sup y additional pages, write you	olying correct ir name and case
numbe	r (if known). —	Answer every que	estion.			
Part 1:	Give Det	ails About Your M	arital Status and Where You L	ived Before		
1. WI	hat is your c	urrent marital stat	us?			
	Married					
		d				
2. <b>D</b> u	ring the last	3 years, have yoเ	ı lived anywhere other than wh	nere you live now?		
_			-	•		
	No Yes. List a	ll of the places you	lived in the last 3 years. Do not i	include where you live now	,	
_		•		•		
D	ebtor 1 Prior	Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. Wi	thin the last	8 years, did you e	ver live with a spouse or legal	equivalent in a commun	ity property state or territory	? (Community property
states a	nd territories	include Arizona, Ca	alifornia, Idaho, Louisiana, Neva	da, New Mexico, Puerto R	co, Texas, Washington and W	isconsin.)
	No					
	Yes. Make	sure you fill out So	hedule H: Your Codebtors (Offic	ial Form 106H).		
Part 2	Explain t	he Sources of You	ur Income			
				<del></del>		
4. Did Fill	d <b>you have</b> a I in the total a	<b>ny income from e</b> i mount of income yo	mployment or from operating a ou received from all jobs and all l	a business during this ye businesses, including part	ear or the two previous calend time activities.	dar years?
			ı have income that you receive to			
	No					
	Yes. Fill in	the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From January 1 of current year until			☐ Wages, commissions,	\$0.00	☐ Wages, commissions,	
the dat	te you filed fo	or bankruptcy:	bonuses, tips		bonuses, tips	
			☐ Operating a business		Operating a business	
For las	t calendar y	ear:	☐ Wages, commissions,	\$0.00	D Wagos commission-	,, <u>,</u> ,
(January 1 to December 31, 2017)			bonuses, tips	φυ.υυ	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		Operating a business	
Official Fo	orm 107		Statement of Financial Affairs	s for Individuals Filing for B		page 1

Page 35 of 55 number (if known) Document Debtor 1 Vani Pradeep Debtor 1 Debtor 2 Sources of income Gross income Sources of income **Gross income** (before deductions and Check all that apply. Check all that apply. (before deductions exclusions) and exclusions) For the calendar year before that: \$0.00 ☐ Wages, commissions, □ Wages, commissions. (January 1 to December 31, 2016) bonuses, tips bonuses, tips Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case, \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ■ No. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address **Dates of payment Total amount** Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment

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De	ebtor 1 Vani Pradeep	Document	Page 36 of 55 number	er (if known)		
				, , ,		
8.	Within 1 year before you filed for bankrupt	cy, did you make any pa	ayments or transfer any prop	erty on account of a	debt that benefited an	
Include payments on debts guaranteed or cosigned by an insider.						
	■ No					
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment			or this payment editor's name	
Pa	rt 4: Identify Legal Actions, Repossession	ns and Foreclosures	•			
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.	cy, were you a party in a	any lawsuit, court action, or a ons, divorces, collection suits, p	administrative proceed aternity actions, suppo	eding? ort or custody	
	□ No					
	Yes, Fill in the details.					
	Case title Case number	Nature of the case	Court or agency	Status of	the case	
	OneWest Bank N.A. v. Pradeep	Foreclosure	Mercer County Sheriff	's ■ Pendin	a	
	F-032562-14		Office 175 South Broad Stree	_ ☐ On app	eal	
			P.O. Box 8068 Trenton, NJ 08650	<sup>tt</sup> ☐ Conclu	ded	
	Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address	Describe the Property	,	Date	Value of the	
		Explain what happene	ed		property	
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec  No  Yes. Fill in the details.	otcy, did any creditor, in ause you owed a debt?	cluding a bank or financial in	stitution, set off any	amounts from your	
	Creditor Name and Address	Describe the action th	ne creditor took	Date action was taken	Amount	
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a	cy, was any of your prop nother official?	perty in the possession of an	assignee for the ber	nefit of creditors, a	
	■ No □ Yes					
Par	rt 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup  No	tcy, did you give any gif	ts with a total value of more	than \$600 per persor	1?	
	☐ Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and Address:	Describe the gifts		Dates you gave the gifts	Value	

De	btor 1 Vani Pradeep	Document	Page 37 of 55 num	iber (if known)	2000 1110
				·	
14.	Within 2 years before you filed for bankr ■ No	uptcy, did you give any ç	ifts or contributions with a	total value of more than	n \$600 to any charity?
	☐ Yes. Fill in the details for each gift or c	contribution.			
	Gifts or contributions to charities that t more than \$600 Charity's Name	•	ou contributed	Dates you contributed	Value
	Address (Number, Street, City, State and ZIP Code	B)			
Pa	tt 6: List Certain Losses				
15.	Within 1 year before you filed for bankru or gambling?	ptcy or since you filed fo	r bankruptcy, did you lose a	anything because of the	eft, fire, other disaster,
	No				
	☐ Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred		coverage for the loss surance has paid. List pendir 3 of Schedule A/B: Property.		Value of property lost
Pai	t 7: List Certain Payments or Transfers	<b>3</b>			
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or p include any attorneys, bankruptcy petition p	preparing a bankruptcy p	etition?		erty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	transferred	value of any property	Date payment or transfer was made	Amount of payment
	Abacus Credit Counseling	Credit Counse	lina Cource	•	<b>ድ</b> ንድ
	17337 Ventura Boulevard Suite 226	Ordan Oddise	amy course		\$25.00
	Encino, CA 91316	••••			
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	litors or to make paymen	lse acting on your behalf p ts to your creditors?	ay or transfer any prope	erty to anyone who
	■ No				
	☐ Yes. Fill in the details.				
	Person Who Was Paid Address	Description and transferred	value of any property	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankru transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have alre	r business or financial at made as security (such as	fairs? the granting of a security into		
	■ No □ Yes. Fill in the details.				
	Person Who Received Transfer	Description and	value of Descri	be any property or	Date transfer was
	Address  Person's relationship to you	property transfe	rred payme	ints received or debts nexchange	made

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		-				
19.	Withi bene	in 10 years before you filed for bar ficiary? (These are often called asso	nkruptcy, did you transfer a et-protection devices.)	any property to a self	-settled trust or similar device	of which you are a
	_ `	No				
		Yes. Fill in the details.	December 11 and a second	l control of the control		
	Nam	e of trust	Description and	value of the propert	y transferred	Date Transfer was made
Pa	rt 8:	List of Certain Financial Account	s, Instruments, Safe Depos	sit Boxes, and Storaç	ge Units	
20.	sold, Include house	n 1 year before you filed for bankr moved, or transferred? de checking, savings, money marl es, pension funds, cooperatives, a	cet, or other financial acco	unts; certificates of o		•
	_ '	Yes. Fill in the details.				
		e of Financial Institution and ress (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of account of instrument	or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do yo cash,	ou now have, or did you have with or other valuables?	in 1 year before you filed fo	or bankruptcy, any sa	afe deposit box or other depos	sitory for securities,
	_	No Yes. Fill in the details.				
		e of Financial Institution 'ess (Number, Street, City, State and ZIP Co	Who else had ac Address (Number, State and ZIP Code)		scribe the contents	Do you still have it?
22.	Have	you stored property in a storage ι	ınit or place other than you	ur home within 1 year	r before you filed for bankrupt	cv?
			-	•	,	
		∖o ∕es. Fill in the details.				
	Name	e of Storage Facility 'ess (Number, Street, City, State and ZIP Cod	Who else has or to it? Address (Number, State and ZIP Code)		scribe the contents	Do you still have it?
Par	t 9:	Identify Property You Hold or Cor	atrol for Someone Fise			
23.		ou hold or control any property that omeone.	t someone else owns? Inc	lude any property yo	ou borrowed from, are storing	for, or hold in trust
		No				
	□ Y	es. Fill in the details.				
		er's Name 'ess (Number, Street, City, State and ZIP Cod	Where is the pro (Number, Street, City, Code)		scribe the property	Value
Par	t 10:	Give Details About Environmenta	Information			
For	the pu	rpose of Part 10, the following def	initions apply:			
	toxic :	o <i>nmental law</i> means any federal, s substances, wastes, or material in ations controlling the cleanup of tl	to the air, land, soil, surfac	ce water, groundwate	pollution, contamination, relea er, or other medium, including	ases of hazardous or statutes or
		neans any location, facility, or proj n, operate, or utilize it, including d		environmental law,	whether you now own, operat	e, or utilize it or used
	Hazar	n, operate, or utilize it, including d dous <i>material</i> means anything an dous material, pollutant, contamin	environmental law defines	as a hazardous was	te, hazardous substance, toxi	ic substance,
Rep	ort all ı	notices, releases, and proceeding	s that you know about, reg	ardless of when the	y occurred.	

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Official Form 107

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24.	Has	any governmental unit notified you that	you may be liable or pot	entially liable und	ler or in violation of an enviro	nmental law?
		No				
		Yes. Fill in the details.				
		ne of site  ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Stre ZIP Code)	et, City, State and	Environmental law, if you know it	Date of notice
25.	Have	you notified any governmental unit of a	any release of hazardous	material?		
		No				
		Yes. Fill in the details.				
		ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Stre ZIP Code)	et, City, State and	Environmental law, if you know it	Date of notice
26.	Have	you been a party in any judicial or adm	inistrative proceeding ur	nder any environi	mental law? Include settlemen	ts and orders.
	:	No				
		Yes. Fill in the details.				
		e Title e Number	Court or agency Name Address (Number, Stre State and ZIP Code)		ture of the case	Status of the case
Pa	rt 11:	Give Details About Your Business or C	·	ness		
27.	Withi	in 4 years before you filed for bankrupto	v. did vou own a busines	ss or have any of	the following connections to	any husiness?
		☐ A sole proprietor or self-employed in				any baomidos ;
		☐ A member of a limited liability compa			·-	
		☐ A partner in a partnership	, (220, 01	icy pointionolino (c	· ,	
		☐ An officer, director, or managing exe	cutive of a corporation			
		lacksquare An owner of at least 5% of the voting	or equity securities of a	corporation		
		No. None of the above applies. Go to Pa	art 12.			
		Yes. Check all that apply above and fill i	in the details below for ea	ach business.		
	Bus	iness Name	Describe the nature of th	e business	Employer Identification num	ber
	Add (Numi		Name of accountant or b	ookkeeper	Do not include Social Secur	ity number or ITIN.
					Dates business existed	
28.	Withi instit	n 2 years before you filed for bankruptc utions, creditors, or other parties.	y, did you give a financia	ıl statement to ar	iyone about your business? Ir	nclude all financial
		No				
		Yes. Fill in the details below.				
	Nam	ie .	Date Issued			
		ress ber, Street, City, State and ZIP Code)		is the same in the		

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Case 18-31632-MBK Doc 10 Filed 11/28/18 Entered 11/28/18 18:22:20 Desc Main Page 40 of 55 number (if known) Document Debtor 1 Vani Pradeep Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both, 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Vani Pradeep Vani Pradeep Signature of Debtor 2 Signature of Debtor 1 Date October 31, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No. ☐ Yes

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

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Fill in this infor	mation to identify your case:
Debtor 1	Vani Pradeep
Debtor 2 (Spouse, if filing) United States	Bankruptcy Court for the: District of New Jersey
Case number (if known)	

Check	as directed in lines 17 and 21:
i	ording to the calculations required by this tement:
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
	Disposable income is determined under 11     U.S.C. § 1325(b)(3).
	3. The commitment period is 3 years.
	4. The commitment period is 5 years.
	Check if this is an amended filling

#### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - ☐ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

						Column A Debtor 1		Deb	imn B tor 2 or -filing spouse
Your gross wages, salary, tip payroll deductions).	os, bonuse:	s, overtime	, and c	commissions (be	efore all	\$	0.00	\$	0.00
limony and maintenance pa olumn B is filled in.	ayments. D	o not includ	e payn	nents from a spoi	use if	\$	0.00	\$	0.00
All amounts from any source of you or your dependents, i from an unmarried partner, me and roommates. Do not including ulisted on line 3.  Net income from operating a	ncluding cl mbers of yo e payments	nild suppor our househo	t. Inclu ld, you	ide regular contri r dependents, pa	butions rents,	\$	0.00	\$	0.00
isiness, profession, or farr	2014	r 1	D	ebtor 2					
oss receipts (before all ductions)	\$	0.00	\$	15,501.66					
rdinary and necessary perating expenses	-\$	0.00	-\$	0.00					
Net monthly income from a pusiness, profession, or farm	\$	0.00	\$	15,501.66	Copy here -> \$	ß	0.00	\$	15,501.66
Net income from rental and o	other real p	roperty	Debto	or:1					
ross receipts (before all dedu	ctions)		\$	0.00					
Ordinary and necessary opera	ting expens	es	-\$	0.00					
let monthly income from renta	I or other re	al property	\$	0.00 Сору	here ->	\$	0.00	\$	0.00

Official Form 122C-1

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Case number (if known)

ebtor 1	Vani Pradeep				Case number	r (if known)				
					Column A Debtor 1		Column B Debtor 2 ( non-filing	r.	IS <b>e</b>	
7. Int	erest, dividends, and royalties				\$	0.00	\$	0.	00	
	nemployment compensation				\$	0.00	\$	0.	00	
	onot enter the amount if you contend that the a e Social Security Act. Instead, list it here:	amount received was a ben	efit un	der						
	For you	\$ C	0.00							
	For your spouse		0.00							
9. <b>P</b> e	ension or retirement income. Do not include a nefit under the Social Security Act.		as a		\$	0.00	\$	0.	00	
Do red do	come from all other sources not listed above not include any benefits received under the Sceived as a victim of a war crime, a crime againmestic terrorism. If necessary, list other source all below.	Social Security Act or payments the security or internation.	ents al or		\$	0.00	\$	0.	00	
					\$	0.00	\$	0	00	
	Total amounts from separate pages, if a	iny.		+	\$	0.00	\$	0.	00	
11. <b>C</b> a ea	ilculate your total average monthly income. ch column. Then add the total for Column A to	Add lines 2 through 10 for the total for Column B.	\$_		0.00	+ \$	15,501.66		\$ 15,50	1.66
12. <b>C</b> c	opy your total average monthly income from	1 line 11.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					\$	15,50	1.66
	•									
	You are married and your spouse is filing w	ith you. Fill in 0 below.								
	You are married and your spouse is not filin	a with you.								
	Fill in the amount of the income listed in line dependents, such as payment of the spouse	e 11, Column B, that was N								
	Below, specify the basis for excluding this in adjustments on a separate page.	ncome and the amount of in	come	dev	oted to each	n purpos	e. If necessar	y, list	additional	
	If this adjustment does not apply, enter 0 be	elow.								
			_ \$	_		_				
			_ \$ \$			_				
			- <del>+</del> \$							
	Total		\$		0.0	<u>D</u>   c	opy here=>			0.00
14. Y	our current monthly income. Subtract line	13 from line 12.						\$	15,50	1.66
										j
	Calculate your current monthly income for t	he year. Follow these step	s:						45.54	14.66
1	5a. Copy line 14 here=>							\$	15,50	00.11
	Multiply line 15a by 12 (the number of mo	onths in a year).						Г	<b>x</b> 12	
1	5b. The result is your current monthly income	e for the year for this part of	the fo	rm.				\$	186,01	9.92

Debtor 1

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Jebt	vani Pradeep	Case number (ii ki	
16	. Calculate the median family income that applies to yo	ou. Follow these steps:	
	16a, Fill in the state in which you live.	NJ	
	16b. Fill in the number of people in your household.	5	
	16c. Fill in the median family income for your state and size To find a list of applicable median income amounts, instructions for this form. This list may also be availa	go online using the link specified in the separ	\$ 130,874.00 rate
17	. How do the lines compare?		
	17a. Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO	the top of page 1 of this form, check box 1, <i>i</i> T fill out <i>Calculation of Your Disposable Inc</i>	Disposable income is not determined under ome (Official Form 122C-2).
	17b. Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcula your current monthly income from line 14 about 14 about 15 about 16 about 16 about 16 about 16 about 16 about 16 about 17 about 17 about 18	ation of Your Disposable Income (Official	
Par	Calculate Your Commitment Period Under 11 U.	.S.C. § 1325(b)(4)	
18.	Copy your total average monthly income from line 11	·	\$\$
19.	Deduct the marital adjustment if it applies. If you are montend that calculating the commitment period under 11 spouse's income, copy the amount from line 13.	narried, your spouse is not filing with you, and U.S.C. § 1325(b)(4) allows you to deduct pa	rt of your
	19a. If the marital adjustment does not apply, fill in 0 on li	ne 19a.	-\$0.00
	19b. Subtract line 19a from line 18.		\$ 15,501.66
20.	Calculate your current monthly income for the year. F	Follow these steps:	
	20a. Copy line 19b		\$15,501.66_
	Multiply by 12 (the number of months in a year).		<b>x</b> 12
	20b. The result is your current monthly income for the year	ar for this part of the form	\$ 186,019.92
	20c. Copy the median family income for your state and size	ze of household from line 16c	\$ 130,874.00
	21. How do the lines compare?		
	Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the court, on the top of page 1 o	of this form, check box 3, The commitment
	■ Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ess otherwise ordered by the court, on the top	p of page 1 of this form, check box 4, <i>The</i>
?ar	Sign Below  By signing here, under penalty of perjury I declare that the	e information on this statement and in any at	tachments is true and correct.
,	( /s/ Vani Pradeep		
•	Vani Pradeep Signature of Debtor 1		
	Date October 31, 2018 MM / DD / YYYY		
	If you checked 17a, do NOT fill out or file Form 122C-2.		
	If you checked 17b, fill out Form 122C-2 and file it with thi	is form. On line 39 of that form, copy your cu	rrent monthly income from line 14 above.

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Fill in	this information to identify your case:			
Debto	vr 1 Vani Pradeep			
Debto (Spou	or 2 ise, if filing)			
United	d States Bankruptcy Court for the: District of New Jersey			
Case (if kno	number wn)	☐ Check if t	this is an amende	d filing
	ul Form 122C-2 Apter 13 Calculation of Your Disposa	ble Income		04/16
	out this form, you will need your completed copy of <i>Chapter 13</i> nitment Period (Official Form 122C-1).	Statement of Your Current Monthly Inc	ome and Calculation	on of
space	complete and accurate as possible. If two married people are fi is needed, attach a separate sheet to this form, Include the line onal pages, write your name and case number (if known).	ling together, both are equally responsi number to which additional informatio	ble for being accu n applies. On the t	rate. If more op any
Part 1	Calculate Your Deductions from Your Income		10 1401	71 = 14011
the	e Internal Revenue Service (IRS) issues National and Local Star questions in lines 6-15. To find the IRS standards, go online us ormation may also be available at the bankruptcy clerk's office.			
ехр	duct the expense amounts set out in lines 6-15 regardless of your accenses if they are higher than the standards. Do not include any ope 2C–1, and do not deduct any amounts that you subtracted from your	rating expenses that you subtracted from i	ncome in lines 5 and	
lf yo	our expenses differ from month to month, enter the average expense			
Not	te: Line numbers 1-4 are not used in this form. These numbers apply	y to information required by a similar form	used in chapter 7 ca	ises.
5.	The number of people used in determining your deductions for	rom income		
	Fill in the number of people who could be claimed as exemptions of plus the number of any additional dependents whom you support, the number of people in your household.		2	
Nat	tional Standards You must use the IRS National Standard	is to answer the questions in lines 6-7.	Jan de Gergoon i Gerootse d	
6.	Food, clothing, and other items: Using the number of people yo Standards, fill in the dollar amount for food, clothing, and other item		\$	2,051.00
7.	Out-of-pocket health care allowance: Using the number of peop the dollar amount for out-of-pocket health care. The number of people who are 65 or olderbecause older people have a higher I higher than this IRS amount, you may deduct the additional amou	ople is split into two categoriespeople wh RS allowance for health car costs. If your a	no are under 65 and	

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otor 1	V	ani Pradeep				Case number (if kr	iown)	)		
Peop	le w	vho are under 65 years of age								· · · · · · · · · · · · · · · · · · ·
7	7a,	Out-of-pocket health care allowance per person	\$	52						
7	7b.	Number of people who are under 65	x	5						
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	260.00		Copy here=>	\$	260	0.00	
Peop	le w	rho are 65 years of age or older								
7	7d.	Out-of-pocket health care allowance per person	\$	114						
7	7e.	Number of people who are 65 or older	Х	0						
7	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00		Copy here=>	\$		0.00	
7	7g.	Total. Add line 7c and line 7f			\$	260.00		Copy total	here=>	\$260.00
2722			ia es	ے نمائھ میں میں انداز فاقع نے	سال جا مہ	0.45				
100		andards You must use the IRS Local Standards to				25 20 20 20 20	• ~	bassalma f		
		n information from the IRS, the U.S. Trustee Prog tcy purposes into two parts:	ram n	as divided the	e IKS L	ocai Standard	TOF	nousing r	or	
Ho	Susi	ing and utilities - Insurance and operating expens	:es							
_		ing and utilities - Mortgage or rent expenses								
		er the questions in lines 8-9, use the U.S. Trustee	Prog	ram chart. To	find th	e chart. go on	line	using the	link sı	pecified in the
еран	ate	instructions for this form. This chart may also be	avail	lable at the ba	nkrupt	cy clerk's offic	œ.	_	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		ising and utilities - Insurance and operating expe e dollar amount listed for your county for insurance a				people you ente	ered	l in line 5, f	ill \$_	806
. 1	Hou	sing and utilities - Mortgage or rent expenses:								
ç	∂a.	Using the number of people you entered in line 5, fi listed for your county for mortgage or rent expenses		e dollar amour	ıt		\$	1,87	2.00	
Ş	Bb.	Total average monthly payment for all mortgages a	nd oth	er debts secur	ed by yo	our home.				
		To calculate the total average monthly payment, ad contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.								
		Name of the creditor		Average mon payment	thlý					
		Loancare		\$ 3,97	<b>78.64</b>					
		9b. Total average monthly paymen	t :	\$ 3,97	78.64	Copy here=> -	\$_	3,9	78.64	Repeat this amo on line 33a.
ę	Эс.	Net mortgage or rent expense.	L							
		Subtract line 9b (total average monthly payment) from rent expense). If this number is less than \$0, enter		9a (mortgage	ì	\$			Copy here=>	\$0
). I	f yo	ou claim that the U.S. Trustee Program's division cts the calculation of your monthly expenses, fill	of the in any	IRS Local St additional a	andard mount	for housing is you claim.	ind	correct an	d	\$0
		oloje why:	_		•					

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Debtor 1	Vani Pradeep		Case number (if kri	own)	. saru	
11.	Local transportation expenses: Check the number of vehic	cles for which you claim a	ın ownership o	r operating e	expense.	
	□ 0, Go to line 14.					
	1. Go to line 12.					
	■ 2 or more. Go to line 12.					
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for	and the number of vehic your Census region or m	cles for which y etropolitan sta	ou claim the tistical area.	\$	460.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.	Standards, calculate the or lease payments on the	net ownership e vehicle. In ad	or lease exp ddition, you r	pense for each ve may not claim the	hicle below. expense for
Vel	hicle 1 Describe Vehicle 1:					
13a.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13b.	Average monthly payment for all debts secured by Vehicle 1.	•				
	Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.	13e, add all amounts that ths after you file for	i.			
	Name of each creditor for Vehicle 1	Average monthly payment				
	-NONE-	\$				
			7		Donast this	
	Total Average Monthly Payment	\$	Copy here => -\$	0.0	Repeat this amount on tine 33b.	
13c.	Net Vehicle 1 ownership or lease expense				Copy net	
	Subtract line 13b from line 13a. If this number is less than \$0	, enter \$0	\$	0.00	Vehicle 1 expense here => \$	0.00
Vel	nicle 2 Describe Vehicle 2:		l			
13d.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	. Do not include costs for	Amening Annual Confession (Confession Confession Confes			
	Name of each creditor for Vehicle 2					
	-NONE-	\$				
			Сору		Repeat this	
	Total average monthly payment	\$	here => -\$	0.00	amount on line	
13f.	Net Vehicle 2 ownership or lease expense				Copy net	
	Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0	\$	0.00	Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of vehicles				the \$	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in word claim more than the IRS Local Standard for <i>Public Trans</i> .	hat you believe is the ap				178.00

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Debtor 1 Vani Pradeep Cese number (if known)

Oth	er Necessary Expenses	In addition to the expense de the following IRS categories		s listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, soo your pay for these taxes. H	cial security taxes, and Medical lowever, if you expect to recein from the total monthly amount	are taxes ve a tax	s. You may ind refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from oust divide the expected refund by 12 for taxes.	\$	0.00
17.	Involuntary deductions: 1	Γhe total monthly payroll dedu	ictions th	at your job re	quires, such as retirement		
	contributions, union dues, a	and uniform costs.				¢	0.00
					11(k) contributions or payroll savings.	<b>9</b> –	
18.	filing together, include payr	ments that you make for your or life insurance on your depe	spouse's	s term life insu	e insurance. If two married people are trance. I spouse's life insurance, or for any form	\$_	0.00
19.	Court-ordered payments:	: The total monthly amount the h as spousal or child support	at you pa	y as required	by the order of a court or		
					You will list these obligations in line 35.	\$_	0.00
20.	Education: The total mont	hly amount that you pay for e	ducation	that is either	required:		
	as a condition for your je	ob, or					
	for your physically or me	entally challenged dependent	child if n	o public educ	ation is available for similar services.	\$_	450.00
21.		nly amount that you pay for ch or any elementary or seconda		-	sitting, daycare, nursery, and preschool.	\$_	0.00
22.	that is required for the heal	penses, excluding insurand th and welfare of you or your at. Include only the amount tha	depende	ents and that i	amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7,		
	Payments for health insura	nce or health savings accoun	ts should	d be listed onl	y in line 25.	<b>\$</b> _	0.00
23.	for you and your dependen phone service, to the exten income, if it is not reimburs Do not include payments for	its, such as pagers, call waitin it necessary for your health ar ed by your employer. or basic home telephone, inter	ig, caller nd welfai rnet and	identification, re or that of you cell phone se	you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment you previously deducted.	+\$_	0.00
	Add all of the averages		aco allos	vancoe			4.005.00
24.		illowed under the IRS exper	ise allov	vances.		\$	4,205.00
	Add lines 6 through 23.  Itional Expense Deduction	ns These are additional de	duction	s allowed by t		\$	4,205.00
Ado	Add lines 6 through 23.  Itional Expense Deduction	ns These are additional de Note: Do not include ar	eductions by expen	s allowed by the	s listed in lines 6-24.	\$	4,205.00
	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disabili	ns These are additional de Note: Do not include ar ity insurance, and health sa	eductions by expen	s allowed by to se allowance ccount exper			4,205.00
Ado	Add lines 6 through 23.  Itional Expense Deduction  Health insurance, disabilinsurance, disabilinsurance, disability insurance.	ns These are additional de Note: Do not include ar ity insurance, and health sa	eductions by expen	s allowed by to se allowance ccount exper	s listed in lines 6-24.  nses. The monthly expenses for health		4,205.00
Ado	Add lines 6 through 23. litional Expense Deduction Health insurance, disabilinsurance, disability insurance, your dependents.	ns These are additional de Note: Do not include ar ity insurance, and health sa	eductions by expension wings ac unts that	s allowed by the se allowance count exper are reasonab	s listed in lines 6-24.  nses. The monthly expenses for health		4,205.00
Ado	Add lines 6 through 23.  Itional Expense Deduction  Health insurance, disabilities insurance, disability insuration your dependents.  Health insurance	ns These are additional de Note: Do not include ar ity insurance, and health sance, and health savings accor	eductions by expensions continues co	s allowed by the se allowance ccount experare reasonab	s listed in lines 6-24.  nses. The monthly expenses for health		4,205.00
Ado	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance your dependents.  Health insurance  Disability insurance	ns These are additional de Note: Do not include ar ity insurance, and health sance, and health savings accor	eductions by expen ovings acunts that \$	s allowed by the se allowance occurrence are reasonate 700.00	s listed in lines 6-24.  nses. The monthly expenses for health		700.00
Ado	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total	ns These are additional de Note: Do not include ar ity insurance, and health sance, and health sacco	eduction ny expen vings ac unts that \$ \$ \$	s allowed by the set allowance occount experience are reasonable of the set o	s listed in lines 6-24.  nses. The monthly expenses for health by necessary for yourself, your spouse, o	Or .	
Ado	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this	ns These are additional de Note: Do not include ar ity insurance, and health sance, and health saccorde, and health savings accorde total amount?	eduction ny expen vings ac unts that \$ \$ \$	s allowed by the set allowance occount experience are reasonable of the set o	s listed in lines 6-24.  nses. The monthly expenses for health by necessary for yourself, your spouse, o	Or .	
Ado	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this	ns These are additional de Note: Do not include ar ity insurance, and health sance, and health saccorde, and health savings accorde total amount?	eduction ny expen vings ac unts that \$ \$ \$	s allowed by the set allowance occount experience are reasonable of the set o	s listed in lines 6-24.  nses. The monthly expenses for health by necessary for yourself, your spouse, o	Or .	
Ado	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this  No. How much do your yes  Continued contributions continue to pay for the reasyour household or member	ns These are additional de Note: Do not include ar ity insurance, and health sance, and health saccond total amount?  You actually spend?  to the care of household or sonable and necessary care are of your immediate family who	seductions by expen  avings acunts that  \$ \$ \$ \$  family I  and supp o is unab	s allowed by the set allowance of a set allowance of a set allowance of a set	s listed in lines 6-24.  nses. The monthly expenses for health oly necessary for yourself, your spouse, of the company of the	\$	
25. 26.	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this  No. How much do your yes  Continued contributions continue to pay for the reasyour household or member include contributions to an Protection against family	These are additional de Note: Do not include ar ity insurance, and health sa nce, and health savings accord total amount? you actually spend?  to the care of household or sonable and necessary care ar of your immediate family who account of a qualified ABLE p	seductions ry expen ryings acunts that  \$ \$  family I and supp o is unab program. ecessary	s allowed by the set allowance of the set allowance	e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may 529A(b) enses that you incur to maintain the	or \$	700.00
25. 26.	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this  No. How much do your yes  Continued contributions continue to pay for the reasyour household or member include contributions to an Protection against family safety of you and your family	These are additional de Note: Do not include ar ity insurance, and health sa nce, and health savings accord total amount? you actually spend?  to the care of household or sonable and necessary care ar of your immediate family who account of a qualified ABLE p	seductions by expensivings are unts that  \$ \$ \$ \$ family I and suppo is unaborogram. ecessary Preventions	rembers. The ort of an elde of the pay for second to the s	e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may 529A(b)	or \$	700.00

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ebtor 1	Vani Pradeep	Case	number (if kn	own)					
	Additional home energy costs. Your home line 8.	e energy costs are included in your insurance	and operat	ting ex	penses	s on			
	If you believe that you have home energy of 8, then fill in the excess amount of home energy	osts that are more than the home energy costs ergy costs	s included i	in expe	enses c	n line			
	You must give your case trustee documenta amount claimed is reasonable and necessal	ation of your actual expenses, and you must sl ry.	how that th	ie addi	tional		\$		0.00
	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	ren who are younger than 18. The monthly opendent children who are younger than 18 year	expenses ( ars old to a	not mo	re than privat	n e or			
	You must give your case trustee documenta claimed is reasonable and necessary and ne	ation of your actual expenses, and you must e ot already accounted for in lines 6-23.	xplain why	the an	nount				
	* Subject to adjustment on 4/01/19, and eve	ry 3 years after that for cases begun on or aft	er the date	of adj	ustmen	ıt.	\$		0.00
	Additional food and clothing expense. The higher than the combined food and clothing than 5% of the food and clothing allowances	ne monthly amount by which your actual food allowances in the IRS National Standards. Th s in the IRS National Standards.	and clothin nat amount	g expe canno	enses a It be mo	are ore			
		onal allowance, go online using the link specif o be available at the bankruptcy clerk's office.		separa	te				
	You must show that the additional amount o	laimed is reasonable and necessary.					\$		39.00
31.	Continuing charitable contributions. The instruments to a religious or charitable organization	amount that you will continue to contribute in nization. 11 U.S.C. § 548(d)(3) and (4).	the form of	f cash	or finar	ncial			
	Do not include any amount more than 15% of	of your gross monthly income.					\$		0.00
	Add all of the additional expense deducti Add lines 25 through 31.	ions.					\$		739.00
	Add illies 25 tillough 51,								
	THE STATE OF THE CHEET OF THE STATE OF THE CONTROL	<u>. Paragonal da mara arte da esta da la capação da esta de la capação de la como dela como de la como dela como de la com</u>	Le les est			.15.			
Dedi				-13:11		Alta.	. "		
Dedi	or debts that are secured by an interest i	n property that you own, including home n		, vehic	:le	d <sub>i</sub> t.	."	1 Fe.	
Dedi 33. F	For debts that are secured by an interest in oans, and other secured debt, fill in lines To calculate the total average monthly payme	n property that you own, including home n 33a through 33e. ent, add all amounts that are contractually due	nortgages			d <sub>i</sub> t		il he	
Dedi 33. F	For debts that are secured by an interest i cans, and other secured debt, fill in lines	n property that you own, including home n 33a through 33e. ent, add all amounts that are contractually due	nortgages			- i - i - i - i - i - i - i - i - i - i			nonthiy
Dedi 33. F	For debts that are secured by an interest is cans, and other secured debt, fill in lines to calculate the total average monthly paymetereditor in the 60 months after you file for bare Mortgages on your home	n property that you own, including home n 33a through 33e. ent, add all amounts that are contractually due	nortgages e to each se			<b>=&gt;</b>		ment	nonthly 978.64
Dedi 33. F Id	For debts that are secured by an interest is cans, and other secured debt, fill in lines to calculate the total average monthly paymetereditor in the 60 months after you file for bare Mortgages on your home	n property that you own, including home n 33a through 33e. ent, add all amounts that are contractually due kruptcy. Then divide by 60.	nortgages e to each se					ment	
Dedi 33. F Id	For debts that are secured by an interest is cans, and other secured debt, fill in lines to calculate the total average monthly paymetereditor in the 60 months after you file for bare Mortgages on your home  Copy line 9b here  Loans on your first two vehicles	n property that you own, including home n 33a through 33e. ent, add all amounts that are contractually due akruptcy. Then divide by 60.	nortgages	ecured				ment	
Ded: 33. F	For debts that are secured by an interest is cans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bar Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here	n property that you own, including home n 33a through 33e. ent, add all amounts that are contractually due kruptcy. Then divide by 60.	nortgages	ecured		=>		ment	978.64
33. F	For debts that are secured by an interest is cans, and other secured debt, fill in lines to calculate the total average monthly payme treditor in the 60 months after you file for bare Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here	n property that you own, including home n 33a through 33e. ent, add all amounts that are contractually due akruptcy. Then divide by 60.	nortgages	ecured		=>		ment	978.64 0.00
33. F 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	For debts that are secured by an interest is cans, and other secured debt, fill in lines. To calculate the total average monthly payme creditor in the 60 months after you file for bare. Mortgages on your home.  Copy line 9b here.  Loans on your first two vehicles.  Copy line 13b here.  Copy line 13e here.  List other secured debts: e of each creditor for other secured debt.	n property that you own, including home n 33a through 33e.  ent, add all amounts that are contractually due akruptcy. Then divide by 60.  Identify property that secures the debt	nortgages	Does		=> => ent		ment	978.64 0.00
33. F 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	For debts that are secured by an interest is cans, and other secured debt, fill in lines. To calculate the total average monthly payme creditor in the 60 months after you file for bare. Mortgages on your home.  Copy line 9b here.  Loans on your first two vehicles.  Copy line 13b here.  Copy line 13e here.  List other secured debts: e of each creditor for other secured debt.	n property that you own, including home n 33a through 33e. ent, add all amounts that are contractually due akruptcy. Then divide by 60.	nortgages	Does included or ins	payme le taxe	=> => ent		ment	978.64 0.00
33. F 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	For debts that are secured by an interest is cans, and other secured debt, fill in lines. To calculate the total average monthly paymetreditor in the 60 months after you file for bare. Mortgages on your home.  Copy line 9b here.  Loans on your first two vehicles.  Copy line 13b here.  Copy line 13e here.  List other secured debts:  e of each creditor for other secured debt.	n property that you own, including home n 33a through 33e.  ent, add all amounts that are contractually due akruptcy. Then divide by 60.  Identify property that secures the debt	nortgages	Does included or ins	payme le taxe urance	=> => ent	\$\$	ment	978.64
33. F 6 6 7 6 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7	For debts that are secured by an interest is cans, and other secured debt, fill in lines. To calculate the total average monthly payme creditor in the 60 months after you file for bare. Mortgages on your home.  Copy line 9b here.  Loans on your first two vehicles.  Copy line 13b here.  Copy line 13e here.  List other secured debts: e of each creditor for other secured debt.	n property that you own, including home n 33a through 33e.  ent, add all amounts that are contractually due akruptcy. Then divide by 60.  Identify property that secures the debt	nortgages	Does included or ins	payme le taxe urance No	=> => ent		ment	978.64 0.00
33. F 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	For debts that are secured by an interest is cans, and other secured debt, fill in lines. To calculate the total average monthly paymetreditor in the 60 months after you file for bare. Mortgages on your home.  Copy line 9b here.  Loans on your first two vehicles.  Copy line 13b here.  Copy line 13e here.  List other secured debts:  e of each creditor for other secured debt.	n property that you own, including home n 33a through 33e.  ent, add all amounts that are contractually due akruptcy. Then divide by 60.  Identify property that secures the debt	nortgages	Does included or ins	payme le taxe urance No	=> => ent	\$\$	ment	978.64 0.00
33. F 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	For debts that are secured by an interest is cans, and other secured debt, fill in lines. To calculate the total average monthly paymetreditor in the 60 months after you file for bare. Mortgages on your home.  Copy line 9b here.  Loans on your first two vehicles.  Copy line 13b here.  Copy line 13e here.  List other secured debts:  e of each creditor for other secured debt.	n property that you own, including home n 33a through 33e.  ent, add all amounts that are contractually due akruptcy. Then divide by 60.  Identify property that secures the debt	nortgages	Does include or ins	payme le taxe urance No Yes	=> => ent	\$\$	ment	978.64
33. F 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	For debts that are secured by an interest is cans, and other secured debt, fill in lines. To calculate the total average monthly paymetreditor in the 60 months after you file for bare. Mortgages on your home.  Copy line 9b here.  Loans on your first two vehicles.  Copy line 13b here.  Copy line 13e here.  List other secured debts:  e of each creditor for other secured debt.	n property that you own, including home n 33a through 33e.  ent, add all amounts that are contractually due akruptcy. Then divide by 60.  Identify property that secures the debt	nortgages	Does include or ins	payme de taxe urance No Yes	=> => ent	payl \$ \$	ment	978.64 0.00
33. F 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	For debts that are secured by an interest is cans, and other secured debt, fill in lines. To calculate the total average monthly paymetreditor in the 60 months after you file for bare. Mortgages on your home.  Copy line 9b here.  Loans on your first two vehicles.  Copy line 13b here.  Copy line 13e here.  List other secured debts:  e of each creditor for other secured debt.	n property that you own, including home n 33a through 33e.  ent, add all amounts that are contractually due akruptcy. Then divide by 60.  Identify property that secures the debt	nortgages	Does include or ins	payme de taxe urance No Yes No Yes	=> => ent	payl \$ \$	ment	978.64 0.00
33. F 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	For debts that are secured by an interest is cans, and other secured debt, fill in lines. To calculate the total average monthly paymetreditor in the 60 months after you file for bare. Mortgages on your home.  Copy line 9b here.  Loans on your first two vehicles.  Copy line 13b here.  Copy line 13e here.  List other secured debts:  e of each creditor for other secured debt.	n property that you own, including home n 33a through 33e.  ent, add all amounts that are contractually due akruptcy. Then divide by 60.  Identify property that secures the debt	nortgages	Does include or ins	payme le taxe urance No Yes No Yes	=> => => ent s.	payl \$ \$	ment	978.64 0.00
33. F 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	For debts that are secured by an interest is cans, and other secured debt, fill in lines. To calculate the total average monthly paymetreditor in the 60 months after you file for bare. Mortgages on your home.  Copy line 9b here.  Loans on your first two vehicles.  Copy line 13b here.  Copy line 13e here.  List other secured debts:  e of each creditor for other secured debt.	n property that you own, including home n 33a through 33e.  ent, add all amounts that are contractually due akruptcy. Then divide by 60.  Identify property that secures the debt	to each se	Does include or ins	payme le taxe urance No Yes No Yes No Yes	=> => => ent s.	payl \$ \$	ment	978.64 0.00

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ebtor 1	Van	i Pradeep	с	ase n	umber (if known)			
		debts that you listed in line 33 secured by your prima property necessary for your support or the support o		le,				
1	■ No.	Go to line 35.						
	☐ Yes.	State any amount that you must pay to a creditor, in addisted in line 33, to keep possession of your property (can Next, divide by 60 and fill in the information below.						
	ne of the	creditor Identify property that secure		. T	otal cure amount		onthly nount	cure
-140	WE-			Ψ –		- 00 – ψ		
			Tota	    \$	0.00	Copy total here=>	. \$	0.00
							· —	
		owe any priority claims - such as a priority tax, child s due as of the filing date of your bankruptcy case? 11		that	:			
	No.	Go to line 36.						
	Yes.	Fill in the total amount of all of these priority claims. Do ongoing priority claims, such as those you listed in line?						
		Total amount of all past-due priority claims		\$	0.00	÷ 60	\$	0.00
36. <b>P</b>	rojecte	d monthly Chapter 13 plan payment		\$				
C th To	office of ne Executor of find a li	nultiplier for your district as stated on the list issued by the the United States Courts (for districts in Alabama and No utive Office for United States Trustees (for all other distric ist of district multipliers that includes your district, go online using nstructions for this form. This list may also be available at the ban	rth Carolina) or by its). the link specified in the	x		Q-10-14-14-1		
A	verage	monthly administrative expense			\$	Copy tota here=>		
		of the deductions for debt payment. s 33e through 36.					\$	3,978.64
Total	Deduc	tions from Income		: :				
38. <b>A</b>	dd all o	of the allowed deductions.						
		e 24, All of the expenses allowed under IRS e allowances	\$ 4,205.0	00				
		e 32, All of the additional expense deductions	\$ 739.0	00				
		e 37, All of the deductions for debt payment	+\$ 3,978.6	64				
	Total de	ductions	\$ 8,922.6	64	Copy total here≕>	;	\$	8,922.64

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ebtor1 Vai	ni Pradeep		Case	e numb	er (if known)		
art 2: De	etermine Your Disposable Income Under 11 U.S.C. § 13	325(b)(	2)				
39. Copy v	our total current monthly income from line 14 of Form	122C-	1, Chapter 13		<b></b>		45 504 00
Statem	ent of Your Current Monthly Income and Calculation o	f Com	mitment Period.			. \$	15,501.66
childre disabilit receive	nny reasonably necessary income you receive for supp in. The monthly average of any child support payments, fos ty payments for a dependent child, reported in Part I of Fori d in accordance with applicable nonbankruptcy law to the sary to be expended for such child.	ster car m 122	re payments, or C-1, that you	\$	0	0.00_	
employe in 11 U.	all qualified retirement deductions. The monthly total of a er withheld from wages as contributions for qualified retirer (S.C. § 541(b)(7) plus all required repayments of loans from a in 11 U.S.C. § 362(b)(19).	ment p	lans, as specified	\$	O	).00	
•	f all deductions allowed under 11 U.S.C. § 707(b)(2)(A).	Сору	line 38 here =>	> \$	8,922	2.64	
expense their ex circums	tion for special circumstances. If special circumstances is es and you have no reasonable alternative, describe the spenses. You must give your case trustee a detailed explanstances and documentation for the expenses.  The special circumstances	pecial (	circumstances and				
mythin i versione	ident Loan for Disabled Child	\$	800				
Pet	t Care	`	200	0.00			
ALEXANDER .							
	//////////////////////////////////////	\$					
	Total	\$	1,000.00	Cop her	oy e=> \$ 	1,000.00	
44. Total ad	djustments. Add lines 40 through 43.	•••••••	=> [{	£	9,922.64	Copy here=> -\$	9,922.64
	ate your monthly disposable income under § 1325(b)(2)	). Subt	ract line 44 from li	ine 39	).	\$	5,579.02
46. Change have ch time you you filed	e in income or expenses. If the income in Form 122C-1 on anged or are virtually certain to change after the date you are asset will be open, fill in the information below. For examed your petition, check 122C-1 in the first column, enter line increased, fill in when the increase occurred, and fill in the	filed you ple, if 2 in th	our bankruptcy pe the wages reporte e second column,	tition d inc	and during the reased after		
Form  122C-1  122C-2  122C-1  122C-2  122C-1  122C-1  122C-2	Line Reason for change		Date of change		Increase or decrease?  ☐ Increase ☐ Decrease ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease	Amount of ch	ange
122C-2 122C-1 122C-2				_	☐ Increase ☐ Decrease	\$	
1220-2	- The same of the			_	La Decrease		

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Debtor 1	Vani Pradeep	Case number (If known)
Part 4:	Sign Below	
		iou de dere that the information on this statement and in any attachments in true and servest
· ·	sy signing nere, under penaity of perjury y	rou declare that the information on this statement and in any attachments is true and correct.
X,	/s/ Vani Pradeep	
	Vani Pradeep Signature of Debtor 1	
	October 31, 2018	
	MM / DD / YYYY	
		•

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UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY	age 52 01 55	
Caption in Compliance with D.N.J. LBR 9004-1(b) George E. Veitengruber, III, Esq. 15532002 1720 Route 34 Suite 10 Wall, NJ 07727 (732) 695-3303 Gveitengruberesq@gmail.com		
In Re: Vani Pradeep	Case No.:	
Taillitadop	Chapter:	13
	Judge:	
DISCLOSURE OF CHAPTER 13 DEBTO	– DR'S ATTORNEY C	OMPENSATION
with this bankruptcy case is as follows:  Under D.N.J. LBR 2016-5(b), I have agreed to accept to the exclusions listed below, including administrative samount of \$	services that may occur post instrate that additional service ompensation and reimburser in the following are not inclu	tconfirmation, a flat fee in the ces were unforeseeable at the ment of necessary expenses.
I have received:	\$ <u>0.00</u>	
The balance due is:	\$4,750.00	
The balance ₩ will will not be paid through t	the plan.	
Under D.N.J. LBR 2016-5(c), I have agreed to accept case, an hourly fee of \$ The hourly fee charged by this client range from \$ to \$ I understand that expenses to be paid to me in this case post petition pursu	other members of my firm I must receive the Court's a	that may provide services to
I have received:	\$	
2. The source of the funds paid to me was:		
✓ Debtor(s) □ Other (specify below)	)	

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3.	If a balance is due, the so	ource of future compensation to	be paid to me is:	
	<b>✓</b> Debtor(s)	☐ Other (specify below)	)	
	If I have agreed to share cor	agreed to share compensation wind mpensation with a person(s) who is sharing in the compensation is	ith another person(s) unless they are o is not a member of my law firm, a attached.	e members of my law copy of that

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### United States Bankruptcy Court District of New Jersey

In re	Vani Pradeep		Case No.	
		Debtor(s)	Chapter	13
	VEI	RIFICATION OF CREDITOR I	MATRIX	
ne abo	ove-named Debtor hereby verifie	s that the attached list of creditors is true and co	orrect to the best	of his/her knowledge.
Date:	October 31, 2018	/s/ Vani Pradeep		
		Vani Pradeep		

Signature of Debtor

A-1 Collection Service 2297 Highway 22 #906 Hamilton Square, NJ 08690

Discover Financial SVC LLC P.O. Box 15316 Wilmington, DE 19850

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101

Loancare P.O. Box 8068 Virginia Beach, VA 23450

McCabe, Weisberg & Conway P.C. 216 Haddon Avenue Suite 201 Westmont, NJ 08108

Mercer County Sheriff's Office 175 South Broad Street P.O. Box 8068 Trenton, NJ 08650

NJ Division of Taxation Bankruptcy Section P.O. Box 245 Trenton, NJ 08695

One West Bank N.A. 75 North Fair Oaks Avenue Pasadena, CA 91103

Paul Michael Marketing 159-16 Union Turnpike Suite 302 Flushing, NY 11366

Paul Micheal Marketing 159-16 Union Turnpike Suite 302 Flushing, NY 11366